



CITY OF ELOY

628 N. Main Street

www.elayaz.gov

Eloy, Arizona 85131

(520)466-9201

Fax: (520)466-3161

Date: _____

Dear Mayor and City Council members:

I, _____, would like to apply to be a member of the **Building**
(print name)

Code Board of Appeals. I am:

A resident of Eloy (since _____ and presently reside at _____,
(month/year) (address)

(City/State/Zip).

Not a resident of Eloy

The following information is being submitted for your consideration:

Civic Participation: (Clubs, offices held, etc.)

Additional Information:

I am interested in serving and/or am qualified to serve on the Building Code Board of Appeals because:

Signature of Applicant

Home/Cell Phone No.

Work Phone No.

Email address

-----DO NOT WRITE BELOW THIS LINE-----

APPOINTED BY COUNCIL ____ YES ____ NO DATE APPOINTED _____

TERM EXPIRES _____ SIGNATURE _____